

I. EXECUTIVE SUMMARY**Date:** 11/29/06**Contact person(s):** Dr. Thana Singarajah, Executive Director
James C. Perry, Tobacco Cessation Project Director
Robert Gulden, ATRI Supervisor**Name of organization and mailing address:** Family Care Center, Inc.,
1740 E. 17th. Street.
Idaho Falls, Idaho 83404**Telephone and fax numbers and e-mail address of organization and contact person(s)**

1. Dr. Thana Singarajah, Executive Director

Ph: 208.552.4958 Fax: 208.524.4487

2. James C. Perry, Tobacco Cessation Project Director

Ph: 208 552-4958 jimperry@srv.netsingthan@isu.edu

3. Robert Gulden, Assistant Cessation Project Director

Ph: 208-528 8015 rgulden@fccidaho.com**Concise description of the purpose of the funding request**

Family Care Center (FCC) is seeking funds to counter the destructive influences of the tobacco industry by providing tobacco control services to low-income families living in Jefferson, Bonneville, Madison and Bannock Counties. FCC will use the requested funds to provide a smoking cessation program through FCC's drug and alcohol treatment program, the Counseling Center, the Medical Office, PSR program, City of Refuge Homeless shelter, the Ark Transitional Housing Project, and the Pearl House Center. FCC will use funds from the Millennium Fund to meet the following objectives: 1. To fund (2) full time Health Education positions to train the trainers and collect evaluation data. 2. Train all of our clinical and non-clinical staff to become effective educators of tobacco cessation through population based counseling and treatment. 3. FCC will screen all of our clients for Tobacco Use Status. 4. FCC will designate staff to be responsible for the treatment program that will be comprised of individual and group counseling. 5. FCC anticipates that 20% of our clients/patients will quit smoking as a direct result of our proposed interventions. 6. FCC will track all those who have quit smoking for at least 6 months through phone and face to face contacts beyond 7/1/08. FCC will forward the data to the Millennium Fund once all follow-up activities are completed. 7. All interventions will involve evaluation instruments to measure the following: knowledge of the hazards of tobacco smoke prior and after the interventions, identifying tobacco triggers, 8. FCC will include pharmacotherapy in treating nicotine dependence in both adults and adolescents. 9. The proposed project will incorporate a local evaluator who will collect the data to evaluate the effectiveness of our tobacco cessation program. 10. To cover the cost of a part-time local evaluator to assess the effectiveness of the project. Funding is requested to first train our key trainers who are our medical doctors, therapists and counselors. FCC employs professional staff persons who are very influential with their clients in altering their mental and health behavior. However, a good percentage of our staff persons smoke tobacco because they are themselves addicted to smoking. The majority of our clients served by FCC programs are smokers. Therefore, FCC is requesting funding to purchase education materials and pharmacotherapy medication to assist our patients/clients to become free of nicotine addiction. Traditionally mental health providers employ staff who are highly qualified but they traditionally send mixed messages to their clients that smoking is an acceptable habit by their own example. FCC serves thousands of individuals per year who desire to be free from nicotine addiction..

Number of individuals, geographic area, and target population benefiting from this proposal

By 6/30/08 250 adults will learn about the health hazards of tobacco and ETS

By 6/30/08 250 adolescents will learn about the health hazards of tobacco and ETS

By 6/30/06 100 adults will make a commitment to quit smoking.

By 6/30/08 100 adolescents will make a commitment to quit smoking

By 6/30/08 50 adults will succeed in not smoking for three straight months

By 6/30/08 50 adolescents will succeed in not smoking for three straight months

FCC will serve low income individuals residing in the following counties in southeastern Idaho: Bonneville, Bannock, Madison and Jefferson County.

Total project budget: \$222,746

Total dollar amount requested: \$164,446

II. PROPOSAL

A. Organizational Background

Family Care Center, Inc. (FCC) is a non-profit; tax exempt 501, (C) 3 Idaho Corporation. FCC has been in the business of helping people in crisis for more than two decades and has expanded its services every year to help meet the needs of this community. Currently FCC provides food and shelter to homeless men through it's City of Refuge shelter for men, located at 840 Park Ave., Idaho Falls, and through the ARK, located at 255 E Street, Idaho Falls, which provides transitional housing for men who may be employed but not yet able to afford to pay rent. These two divisions of FCC are supported by private donations, United Way, and grants such as the Access to Recovery Idaho, HUD and Idaho Health & Welfare. The main offices of FCC are located at 1740 E. 17th Street in Idaho Falls. This is our main office for medical services and counseling and also our main business office. FCC also maintains facilities for counseling in Rexburg. Medicaid and private health insurance funds the majority of the services provided by FCC. To meet the growing needs of our community, FCC has been rapidly expanding and growing. Currently, FCC employs over 130 people and is seeking to add additional staff. As FCC grows the clinic is taking on the clients of other service providers in the community who do not have the full range of services needed to comply with the requirements of Health and Welfare. As a result, FCC is currently the largest mental health clinic in Eastern Idaho. Family Care Center, Inc. is also a faith-based organization, unaffiliated with any church, offering counseling and focused medical services as well as community outreach, rehabilitation, crisis intervention, education, and psychological evaluations.

Mission

Our mission is to reach children, adolescents, and adults who are at risk because of various difficulties and problems. Our long-term goal is to reduce the impact of these problems on their lives. Oversight of the Family Care Center (FCC) is entrusted to a voluntary Board of Directors made up of local citizens. The organization consists of six distinct entities (and one additional project in the planning stage), that carry out the mission and goals of the FCC.

The Vision

As a non-profit provider of medical and mental health services, the bottom line is measured by the changes that are affected in the people who come to us for services. The Pearl House vision statement is ***Creating the Future – one Pearl at a Time.*** This relates our work to the covering an oyster gives to an irritating piece of sand – turning an injury into a pearl. We (FCC) work to do this with our clients every day – and we will be able to carry out that vision more effectively once Pearl House is up and running. Our most immediate concern is simply having a safe place for children to go when, for what ever reason, they do not have a safe place to be. The analogy of the pearl will be carried forward in all of the services we provide. Because of the power of the pearl analogy the Board of FCC has decided to operate all of our child and family centered services under the name **Pearl House Family Services (PHFS)**. Pearl House Family Services' policy (and FCC's policy for many years) is that ability to pay should never be an issue for any child needing our intervention. Implicit in the goal of being able to provide pro bono services is a goal to be debt free and build an endowment so that, no matter the future climate of philanthropy and/or government funding, we will be able to continue our work with children.

2. Description of current programs, activities, and accomplishments.

General and Psychiatric Medicine

Director: Steven DeNagy, M.D., ASCP: With three fulltime medical personnel, all forms of medical and psychiatric diagnosis and medication management are provided. Serving 100 adults per month.

Counseling Services

Director: LaVonna Patterson, Ph. D: Psychotherapy services are provided for individual, family, and couple therapy as well as psychological testing for all ages from toddlers to seniors. FCC therapists work with a wide range of mental and emotional issues, including depression, anxiety and trauma, child behavior problems, and more. We emphasize a collaborative, respectful approach to helping clients resolve mental health issues so that they can lead satisfying and productive lives. Average billable hours per month: Serving 120 adults and 126 children per month.

CAPSTONE Center

Director: Scott Anderson LCPC: This Partial Care/Day treatment Center provides extended treatment for children ages 2 to 16 years of age who are considered at-risk. This includes after school programs that work with probation

services as well as schools. CAPSTONE stands for Children Adolescent and Parents Skills Training Center. Serving 60 children per month

City Of Refuge

Director: Ron Youderian, M.Sc. Chem.: This branch of FCC reaches out to displaced men, most of whom are local people. City of Refuge provides food, shelter, clothing, and various services to help solve the problems that led to their current predicament. The initial reason for this program was to care for clients who had been abandoned to the streets when they turned 18 because of severe mental disorders of the parents and/or child. Various churches and individuals contribute to the support of this 22-bed facility and Thrift Shop. Serving 45 adult men per month.

Psychosocial Rehabilitation Services (PSR)

Director: Sue Lancaster LCSW: PSR services are provided to children who have a serious emotional disturbance and to adults who have been diagnosed with severe and persistent mental illness. PSR workers use various intervention strategies including behavior modification techniques to assist program participants in attaining goals they have set for themselves. Services are provided in-home, in the community, and in a clinic setting. The PSR program is designed to encourage positive family relationships as well as produce healthy, pro-social skills that modify the client's negative and/or self-destructive behaviors detrimental to their functioning in society. Serving 173 children and 70 adults per month.

The Pearl House Project – Shelter for Youth in Crisis

Director-elect: Dainett Swan, LCSW: Now under development, this project will provide temporary shelter, counseling, and therapy for children and teens whose families can not care for them because of confinement to a treatment/medical facility, or behavior or abuse problems. A separate area will provide housing for pregnant teenage girls.

ARK Transitional Housing

Robert Roeh – Supervisor: The ARK Transitional Housing is a faith-based temporary housing facility dedicated to providing a healthy environment where material and social resources can be administered to the homeless. The residents can then begin the process of rebuilding while discovering their identity in the world they live in and become productive citizens in the community-at-large. Serving 40 men per month.

ATRI - Access to Recovery

Robert Gulden B.A. – Supervisor: The Family Care Center ATRI project is a faith-based Recovery Support Services program to those who need help with substance abuse issues. ATRI funds the following aftercare support services: Case Management, Family/Marital/Life Skills Education, Adult Safe & Sober Housing, Drug/Alcohol Testing, Transportation and Emergency/Temporary Housing. FCC provides ATRI services at the Ark Transitional Housing site and in the general Idaho Falls area. Serving 40 adults per month

Service Coordination

Justin Roberts LSW – Supervisor: Service Coordination is the professional practice of helping families obtain services that their child with special needs may have. These services are centered around health needs, developmental and behavioral needs, transportation needs, educational needs, financial needs, etc. Children between the ages of birth to 21 and who have a confirmed developmental delay or disability or children who have a DSM-IV mental health diagnosis are eligible for this program. Serving 120 families per month

Family Care Center - (Rexburg Office)

Brandon Browning LCPC – Director: Psychotherapy services are provided for individual, family, and couple therapy as well as psychological testing for all ages from toddlers to seniors. FCC therapist work with a wide range of mental and emotional issues, including depression, anxiety and trauma, child behavior problems, and more. We emphasize a collaborative, respectful approach to helping clients resolve mental health issues so that they can lead satisfying and productive lives. Average billable hours per month: Serving 25 children/Adults/month

Family Care Center Outpatient Adult and Adolescent Alcohol and Drug Treatment Program

James C. Perry, M.A. Certified Addictions Specialist, Clinical Supervisor: Application process is fully completed and FCC is anticipating provisional approval from Health & Welfare on 12/04/06. Projected to serve 80 adults per month.

FCC is an Idaho 501(c)(3) corporation, the decision making authority is vested in the Board of Directors. This unpaid board represents many disciplines and areas of the community. The 133 people who currently work for FCC/PHFS have an appropriate mix of education and training. Currently there are three physicians and one nurse practitioner available to meet the medical needs of the clinic's clients. There are also many counselors and other professionals who are trained to provide the therapies that may be necessary to treat the full range of mental, emotional and behavioral disorders that are diagnosed in the clinic. The day-to-day management of the operations of FCC/PHFS is provided by the Executive Director, the Administrator, and the Medical Director.

Executive Director: Thana Singarajah, Ed.D, NCC, LCPC, is a Clinical Assistant Professor at Idaho State University and serves as the Executive Director of Family Care Center, Inc. **Medical Director: Dr. Steven DeNagy M.D.** is board certified in Internal Medicine. Dr. Along with his Work at Family Care Center, Dr. DeNagy teaches continuing education classes in psychopharmacology for the Department of counseling at ISU.

3. List of board and staff members, and a brief description of their respective responsibilities.

Family Care Center (FCC) Board of Directors

Name, Address, phone	Position	Expertise/ e-mail	Affiliation	On since
Mathew Laug 2885 S. Boulevard Idaho Falls, ID 83404 523-2851 (h)	President Treasurer	Business/Accounting mلاغ@cableone.net	INL retired	1995
Dr. Thana Singarajah 11760 Country Club Dr. Idaho Falls, ID 83404 522-0408(h) 529-8832 (w)	Executive Director	Counseling singthan@isu.edu	Family Care Center & Idaho State University	1989
Dr. Stephen DeNagy 2934 Tipperary Lane Idaho Falls, ID 83404 535-2967(h) 529-8832 (w)	Medical Director	Medicine sdenagy@fccidaho.com	Family Care Center	1989
Don Patterson 2709 Hallon Street Idaho Falls, ID 83402 522-4172 (h) 526-9321(w)	Director	Technical Audio/Video conferencing Negotiations dwp@inel.gov	Idaho National Laboratory (INL)	1996
Darrel Beebe 2985 Caysie Lane Idaho Falls, ID 83402 529-1002 (h) 533-7226 (c)	Director	Policy & Procedures darrel.beebe@inl.gov , sdbeebe@srv.net	INL	1998
Phil Bates 335 Cobblestone Ln. Idaho Falls, ID 83404 523-3522 (h)	Director	Policy & Procedures jello@ida.net	Basic American Foods	1999
Ron Carlson 651 N. 600 E. Firth, ID 83236 346-6289(h) 535-2273 (w)	Director	Management & Personnel/ construction oversight/ mediation rdcarlson@fccidaho.com	Family Care Center, Inc. –formerly Idaho Water Resources	2004

Roger Snyder 800 9 th St. Idaho Falls, ID 83404 522-3212 (h)	Director	Business/Finance snyderogercableone.net	INL Stylo Software	2006
Dennis Macieski 3282 East 65 th South Idaho Falls, ID 83406 523-5172 (h)	Director	Medical – Anesthesia denmaci@hotmail.com	Intermountain Anesthesia	2006
Mike Stamper 3410 S Handly Av Idaho Falls, ID 83404 522-9271	Director	Banking/Investment mbstamper@firsthorizon.com	New Horizon Bank	2006
Julie Thompson 3033 Silver Circle Idaho Falls, ID 83406 529-4824 (w) 522-8305 (h)	Director	Operations Supervisor julie.thompson@wamu.net	Washington Mutual	2006
Debra Knickerbocker Cell: 200 4139 Phone: 522 5393 1354, 9 th Street Idaho Falls, ID 83404	Director	knicmart@hotmail.com	Home maker	2006
Becky Gili 2277 Ironwood Dr, Idaho Falls, ID 83402 Phone: 522 6620 Cell: 403 1790	Director	Dance Studio Owner beckygili@hotmail.com	Studio One	2006
Brian Heney Cell: 589 6514 Phone: 542 0491 435 E.River Road Firth, ID 83236	Director	brian_w_haney@hotmail.com	Broker – Edward Jones	2006

4. Copy of current budget and description of current sources of funding.

FAMILY CARE CENTER INC. PROPOSED BUDGET FOR THE YEAR 2006

	<i>COUNSELING</i>	<i>MEDICAL</i>	<i>PARTIAL CARE</i>	<i>COR</i>	<i>PSR</i>	<i>BASIC</i>	<i>PEARL HOUSE</i>	<i>ARK</i>	<i>TOTAL</i>
DONATIONS				75,000			100,000		175,000
FEES FOR SERVICES (or Thrift Store)	900,000	400,000	480,000	51,200	2,000,000	600,000	120,000	15,000	4,566,200
GRANTS (includes United Way)				80,537				120,000	200,537
SPECIAL EVENTS (or book sales)	4,800			40,000					44,800
TOTAL INCOME	\$904,800	\$400,000	\$480,000	\$246,737	\$2,000,000	\$600,000	\$220,000	\$135,000	4,986,537
OPERATING EXPENDITURE									
PROGRAM EXPENSES			\$12,200		\$206,000	\$40,000			258,200
Books	3,000	500		0	3,000	2,500			9,000
Recruitment expenses	1,000	6,000			5,000	1,000			13,000
Contract Labor	12,000	50,000							62,000
Background Checks					2,500	500			3,000
Field Trips (athletic club, camps, etc.)			1,750						1,750
SALARIES									0
Wages	550,000	280,000	220,000	135,700	916,000	372,000	268,000	10,000	2,751,700
Retirement Contributions	8,250	8,000	5,000	2,500	27,500	10,000	5,000		66,250
Health Insurance	33,000	15,000	18,000	9,000	50,000	30,000	3,000		158,000
Bonus & Incentives	1,500		2,000		20,000	2,500			26,000
Payroll taxes	35,000	22,500	27,000	11,700	210,000	40,000	10,000		356,200
Immigration						4,000			4,000
OFFICE SUPPLIES	15,000	7,500	5,000	3,500	7,500	5,000	1,000		44,500
INSURANCE (liability, business, auto)	12,000	7,000	2,000	2,800	10,000	4,000			37,800
MAINTENANCE	8,250	2,000	3,000	10,000	7,500	4,000		5,000	39,750
JANITORIAL	8,000	2,000	4,000	750	4,000	5,000			23,750
TRAVEL & COMPANY GATHERINGS	5,000	3,000	1,000	1,000	10,000	2,000	50,000		72,000
TELEPHONE	7,000	750	2,000	3,100	9,000	1,800	1,200	500	25,350
DUES & SUBSCRIPTIONS	1,250	200	400	1,200	900	500	500		4,950
UTILITIES	9,000	3,000	18,000	8,100	10,000	3,000	5,000		56,100
POSTAGE, SHIPPING, PRINTING	2,000	200	100	2,600	2,500	200	30,000		37,600
RENT (Mortgage.)	25,000	10,000	0	10,800	35,000	30,000	9,400	66,000	186,200
MISCELLANEOUS									0
Accounting Fees	3,500	1,500	2,000		7,500	3,000	1,000		18,500
Property Taxes (Sales)	2,500	500		3,000		100		2,000	8,100
Donations	2,000		500	0	1,000	200			3,700
Client Refunds	3,000				2,000	150			5,150
Miscellaneous	1,000	500	500	1000	1,000	1,000			5,000
Legal Fees	1,500	500		100	3,000	5,000	5,000		15,100
Business Licenses	1,500				2,000	1,000			4,500
Auto Licenses	1,000		500						1,500
Continuing Education	6,500			300	10,000	3,000			19,800
Training and Materials	5,000	1,000	1,000		20,000	2,000			29,000
Assistance to Others				4,000				5,000	9,000
Fundraising							200,000		200,000
OVERHEADS									0
ADMINISTRATIVE WAGES (Apportioned)	60,000	30,000	40,000		250,000	30,000			410,000
INTEREST ON LOAN							80,376		80,376
									0
CAPITAL EXPENDITURE									0
COMPUTERS/ELECTRONIC EQUIP.	5,000		5,000		10,000	2,000	5,000	1,000	28,000
FURNITURE, DESKS, CHAIRS	5,000		5,000		10,000	3,000	10,000	1,500	34,500
TOTAL EXPENDITURE	\$833,750	\$451,650	\$363,750	\$211,150	\$1,646,900	\$568,450	\$684,476	\$91,000	4,851,126
	\$71,050	(\$51,650)	\$116,250	\$35,587	\$353,100	\$31,550	(\$464,476)	\$44,000	\$135,411
NET MARGIN									

B. Purpose of Request: Goals and Outcomes 1. Briefly describe the issue(s) you will address.

Whenever a pack of cigarettes are bought for \$3.39/pack in Idaho it actually costs another \$7.01 to the taxpayer's bill in terms of medical costs and lost productivity according to the Centers for Disease Control and Prevention (CDC). According to the CDC smoking in Idaho attributes to \$.92 per pack to Medicaid costs and \$78.99 cost per capita to Medicaid. According to CDC cigarette smoking continues to be the principal cause of premature death in the U.S. and imposes substantial costs on society. In 1995-1999, the years CDC researchers studied, more than 260,000 men and 178,000 women died every year due to smoking, either from lung cancer, heart disease or emphysema. About 600 baby boys and 400 baby girls died each year during that time period because their mothers smoked during pregnancy, according to CDC estimates. And about \$366 million – or \$704 per pregnant smoker – was spent in 1996 caring for infants injured by cigarette smoke. Overall, smoking killed nearly half a million people each year in the late 1990's including about 35,000 people who died of heart disease due to secondhand smoke. The economic costs of smoking totaled \$3,391 per smoker per year. Tobacco use is the single most preventable cause of death and disease in our society. Each year, more than 1,500 Idahoans die from smoking-related diseases, an average of four people per day. While 21 percent of all Idaho adults smoke, 25 percent of young adults aged 18-24 smoke. Unless smoking rates decline, 32,000 current Idaho teenagers eventually will die from smoking.

2. Describe the overall purpose(s) of your project and the areas that will be different at the end of the project or grant period. Include information on: a. The short-term objectives you want to achieve with this grant request.

The short term objective is to set the ground work to offer FCC's clinicians and therapists more efficacious pharmacological treatment strategies in helping our clients stop the addiction of nicotine. FCC staff will receive orientation of the new project and the resources it will provide in the battle against tobacco related product addiction. The Public Health Service of the U.S. DHHS developed guidelines that produced evidence of the association between counseling intensity and successful treatment outcomes, as well as identified additional evidence-based counseling strategies such as telephone quit lines. FCC will follow these guidelines in our proposed project. FCC staff will assess all of our clients who are smokers to determine their motivation to quit smoking as well as their level of stress. FCC staff will use five major interventional steps (the 5A's) in our interventions. they are as follows: Ask, Advise, Assess, Assist, and Arrange. FCC's strategy is to use our medical/health care clinicians deliver messages about health risks and benefits. FCC's non-medical clinicians will deliver psychological /behavioral interventions. FCC will provider both individual and group counseling interventions as recommended by PHS. Our proposed sessions will range from 15 minutes to an hour. Clients will receive a minimum of at least 4 or more sessions. Total contact time spent with our clients will be longer than 30 minutes. The impact of our interventions will result in considerable savings in terms of medical in dealing with diseases caused from tobacco products.

b. The long-term objectives you are working toward, and how this grant request relates to them.

FCC's long term objective is to make tobacco cessation part of our delivery of services for all of our clients who are either receiving insurance coverage from private carriers, Medicaid or Medicare. FCC's goal is to offer ongoing tobacco cessation services to all of our clients by 8/1/08.

C. Organizational Capacity - Describe why your organization is well-positioned to implement this grant request. Include information on: 1. How this grant relates to your organization's strategic plan and mission.

FCC is already offering counseling and focused medical services as well as community outreach, rehabilitation, crisis intervention, education, and psychological evaluations. FCC's mission is to reach children, adolescents, and adults who are at risk because of various difficulties and problems. Our long term goal is to reduce the impact of these problems on their lives.

2. Related program or organizational accomplishments.

FCC is currently providing community outreach, rehabilitation, crisis intervention, education, and psychological evaluations to over 500 children and adults. FCC anticipates that the Idaho Health & Welfare will grant provisional approval for FCC to open our Family Care Center Outpatient Adult and Adolescent Alcohol and Drug Treatment Program. FCC is currently the largest mental health clinic in Eastern Idaho. FCC is only one of a select few of organizations in Eastern Idaho that is operating (2) transitional housing projects for men. FCC is also in the process of opening up women shelters for both single women as well as women with children. FCC intends to house about 10 single women and 10 women with children in Idaho Falls. FCC currently receives referrals from HUD, Health & Welfare, Idaho Falls Police Department and faith-based organizations such as St. Vincent De Paul and the Salvation Army.

3. Links with other organizations doing similar or related work in your geographic area or on the same issue.

Family Care Center has been partnering with the Health District of Region 7 in addressing the health needs of our clients. FCC is a United Way agency. FCC will collaborate with local providers who are currently providing interventions to counter the influences of tobacco products and environmental tobacco smoke.

4. Qualifications and responsibilities of the staff and volunteers who will be working with the target population (this information should be presented in summary form).

Mr. James Perry will be the Project Director. His qualifications are as follows: Certified Addictions Specialist, American Academy of Health Care Providers in the Addictive Disorders, Completed Clinical Supervision I & II training, fall 2005. California State Community College Teaching Credentials in Psychology and Mathematics. 5-10-2004 to 3-7-2006 Harbor House, IYR Idaho Falls, ID Treatment Supervisor, residential. Providing assessment, treatment plan, and all BPA treatment paperwork for a 10 bed residential treatment facility for female and male adolescents ages 14 to 18.

Mr. Robert Gulden will be the Assistant Project Director. Mr. Gulden has over eight years of experience in tobacco prevention, education and policy advocacy and community mobilization through the County of Los Angeles Tobacco Control Program. Through his leadership in advocacy and community mobilization, his projects accomplished the following milestones to counter the influences of the tobacco industry and reduce the availability of tobacco products: 1. The City of Norwalk passed an ordinance in 3/7/00 to ban all self-service tobacco displays; 2. The City of Hawaiian Gardens passed an ordinance in 2/13/01 to ban self-service tobacco displays; 3. The City of Artesia passed an ordinance in 7/09/01 to ban all self-service tobacco displays; 4. The City of Artesia passed an ordinance in 9/09/02 that prohibits smoking at public outdoor city events. He successfully administered tobacco control projects for 8 years.

5. The target population's involvement in your organization (e.g. as volunteers or as board, staff, or advisory group members).

FCC will use our patients and clients who want to quit smoking volunteer in encouraging their peers to also join in quitting tobacco smoking. The Executive Director has committed to use his influence to recruit an advisory group made up of representatives of the target population, volunteers, FCC department supervisors and the local evaluator. The advisory group will meet monthly to provide input and to promote the program to the general public.

D. Process

Summarize the work plan you will use to accomplish your goals and outcomes. Include information on:

1. Tasks and timetable for key staff executing this effort.

Month 1- Project Director and Assistant Project Director will hire staff and begin and complete staff development. Management staff will set-up office for (2) full-time positions.

Management staff will also purchase all office supplies, educational materials, pamphlets, and nicotine gum or patches.

Management staff will meet with department heads for staff training on tobacco cessation.

Management staff will meet with Evaluator to develop all evaluation tools.

Month 2- Project staff will train department heads on the interventions used for tobacco cessation to educate them of the nature and purpose of the program and to obtain buy-in from management..

Management will provide scheduled meetings with all FCC staff who will provide assessment tools, education and medication therapy. Project staff and clinical staff as well as treatment staff will begin providing tobacco cessation interventions.

Management staff will collect evaluation instruments for submission to the evaluator.

Evaluator will develop monthly report to measure interventions and type of activities completed with outcomes and impact analysis.

Management will complete monthly report to Millennium Fund with report from Evaluator.

Month 3- Project is fully implemented

Month 6 – Management will begin meeting with Executive Director about sustaining the project beyond 7/30/08. Meetings and strategies will be submitted to the Executive Director for Board of Directors consideration.

Months 4-12 – Management staff will continue to provide staff development training and support.

Month 12 – All paid staff will be terminated except for one position to allow for Cessation Retention follow-up with participants.

Months 13-18 – Assistant Project Director will conduct weekly tobacco Cessation follow-up and complete reports for submission to the Millennium Fund.

2. Tasks and timetable for key organizations involved in this effort.

FCC will not conduct a collaborative effort to bring in other key organizations. Due to FCC multiple departments we will make every effort to bring in all of the departments in focusing on encouraging our clients/patients to quit smoking.

3. Existing community resources you will use (e.g., facilities, people, and partnerships).

FCC will provide the following resources in support of this project:

1. Office space
2. Copy machines
3. Existing staff

4. Activities or tasks that will occur on a day-to-day basis.

Staff will conduct on-going educational interventions.

Staff will administer pre and post tests during every intervention.

Staff will collect all evaluation instruments for submission to the Evaluator.

Staff will coordinate with project directors for ongoing coordination.

Staff will call clients for phone follow-ups and phone anti-tobacco counseling.

Staff will complete a daily activity log with attached surveys and assessment instruments.

Staff will log date and times of interventions.

Management will file all logs and activity logs to compile monthly reports.

Management will submit evaluation instruments to the evaluator on a monthly basis.

Evaluator will compile a monthly report to reflect the progress and impact of the project.

Management will submit all reports to Executive Director on a bi-weekly basis.

5. The target population and how they will benefit.

FCC will target adult and adolescent smokers who visit FCC programs for both clinical and medical reasons. Because of the type of services that FCC provides over 90% of our clients are smokers. Clients willing to try to quit tobacco will be provided treatments to help them reach their personal goal. Clients not willing to quit smoking will be provided a brief intervention designed to increase their motivation to quit smoking. Our clients will benefit from not smoking by living longer than if they continued to smoke, those that quit will substantially decrease the risk of lung, laryngeal, esophageal, oral, pancreatic, bladder, and cervical cancers. Most of our clients are parents who contribute to secondhand smoke. Our proposed project will reduce the incidents of secondhand smoke by 20% resulting in healthier homes for their children. The surveys and the results of the surveys will be shared with parents, the community and with the media.

6. The target population's involvement in the project's development and execution.

Ex-smokers who have successfully quit smoking become the most dedicated advocates for smoking cessation. Therefore, FCC envisions that our successful clients who quit smoking to mentor those trying to quit by phone contacts. FCC staff will ensure a good match to avoid any conflict of interest. Adults will mentor adults and adolescents will mentor adolescents. The economic benefit for our clients is that they will save \$1,278 (based on smoking 1 pack per day) per year in not buying cigarettes while saving taxpayers thousands of dollars on medical costs to treat tobacco related illnesses.

E. Evaluation Plan

Using sections B (Purpose of Request: Goals and Outcomes) and D (Process), describe what you want to learn about your program goals, outcomes, and process over the grant period. Include information on: interviews, pre- and post-tests, community feedback, etc.). Please be specific and realistic.

1. Two or three primary evaluation questions you expect to answer.

FCC will conduct a survey to determine how many of FCC staff are currently smoking.

FCC will also conduct a survey to assess the competency of our staff in addressing the health issues from tobacco products.

FCC will also take surveys to determine tobacco use among those diagnosed with certain mental health illnesses. FCC will also measure the impact of our clinicians in addressing cessation in comparison with those staff who are working with the transitional housing/homeless shelter programs. Finally to track the affect of pharmacotherapy in assisting patients with their tobacco dependence compared with those not using medication aids.

2. The assessment methods/strategies you will use to answer your evaluation questions (e.g. records, surveys,

The assessment methods will use pre and post test that includes surveys, monthly calendar of events, and contact logs. FCC will identify three types of clients: 1. Smokers who are willing to make a quit attempt. 2. Smokers who are unwilling to make a quit attempt at this time and 3. Former tobacco smokers who have not relapsed. FCC will also use pre and post test to measure their knowledge of the health effects of tobacco smoke/product use and to measure their gain in knowledge as result of an intervention. FCC will also evaluate the methods previously tried by our clients to quit smoking. FCC will also use surveys to determine how adolescents obtain tobacco products and how many children live in home exposed to ETS. FCC will also track the effectiveness of tobacco cessation efforts through pharmacotherapy. FCC will also use Self-Reported instruments in determining: current cigarette smoking by age; proof of age requests; where they were able to buy cigarette products; where; and exposure to ETS.

3. How your organization will involve stakeholders in the evaluation process (e.g. board, the target population, and community members).

FCC will invite management, clinicians and clients in the development of the evaluation instruments to ensure the instruments are not cumbersome. Involvement will involve meetings with stakeholders prior to program implementation with the oversight and direction of the evaluator. The final drafts of the evaluation tools will be printed for implementation.

4. How your organization will use this information to improve future outcomes internally (e.g. for program improvement, fund-raising, communications, etc.) and externally (e.g., disseminate lessons learned through reports, workshops, and networking activities).

FCC will implement an agency wide system for every clinic visit, a Tobacco-Use Status which is queried and documented in their case file. FCC will encourage all of our staff to encourage our patients/clients to quit smoking and the reasons why. The data from our evaluation will better equip us in more wisely addressing the need for our staff and patients/clients to quit using any form of tobacco products. FCC will use our data and use them in weekly staff meetings as well as post results on our website.

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F. Sustainability

Describe the additional resources needed to continue this project over time (e.g. financial, staffing, partners, etc.). Include information on:

1. How you will secure the other resources necessary and/or complete the work involved in this grant request.

FCC's tobacco cessation efforts will result in savings in public and private insurance health related costs. FCC plans to continue in using the proposed model beyond 6/30/08. FCC will encourage our patients/clients to use their Medicaid and/or Medicare funds to pay for one on one counseling and tobacco cessation group counseling. Funds from these sources will pay for staff to provide one going cessation counseling to our clients. The tobacco cessation program will be fully incorporated in FCC's delivery of clinical services. Most of FCC's programs are supported by Medicaid, Medicare and private insurance funding as well as grants from HUD, Access to Recovery-Idaho, Health and Welfare as well as a few foundations. FCC will provide office space in support of this project.

2. How your organization plans to support this project in the future.

FCC plans to support this project by establishing personnel policies as well as board policies that promotes tobacco cessation interventions for all of our employees. FCC projects that current tobacco-use among FCC staff will also be reduced by at least 20% by 6/30/08. FCC will provide savings in insurance costs for employees who do not smoke as an incentive for not smoking.

III. BUDGET

1. Indicate total project cost and amount requested from the Idaho Millennium. Identify other fund sources.

Indicate what percentage of the total organizational budget this grant would provide.

Project cost: \$222,746 **Amount Requested;** \$164,446

2. Provide a matrix showing expenditure categories (e.g. operating expenses, personnel costs, capital outlay), income sources, expenditure totals, and timeline.

A. Salaries and Employee Benefits

	Monthly Salary	% of Time	# of Mos.	Budget Request	Total FCC	Project Total
Tobacco Cessation Project Director	\$3,333	25	12	\$10,000	\$0	\$10,000
Tobacco Assistant to the Project Dir.	\$2,500	25	18	\$ 7,500	\$0	\$7,500
Health Educator	\$3,000	100	12	\$36,000	\$0	\$36,000
Health Educator	\$3,000	100	12	\$36,000	\$0	\$36,000
Evaluator	\$7,000	10	12	\$ 8,400	\$0	\$8,400
Total				\$97,900		\$97,900
Employee Benefits (24%)				\$23,496	\$0	\$23,496
Total Salaries and Benefits				\$121,396	\$0	\$121,396

B. Services and Supplies

Office supplies	\$ 400	\$0	\$400
Postage	\$ 350	\$0	\$350
Phone Service	\$ 500	\$0	\$500
Educational Materials	\$ 780	\$0	\$780
Duplication	\$ 300	\$200	\$500
Mileage (1,500miles x\$.36)	\$ 540	\$0	\$540
Printing cost for Brochures	\$ 500	\$0	\$500
Nicotine gum/lozenges (over the counter)	\$10,000	\$0	\$10,000
Utilities	\$ 600	\$0	\$600
Add to FCC website tips and a link for quitting smoking	\$0	\$500	\$500
Total Services & Supplies	\$13,970	\$700	\$14,670

C: Facility Rental for (2) Educators

(200 sq.ft x \$1 x 12 months x 2 staff)			
Facility rental for clinicians (4000 sqft x \$1.20)	\$4,800	\$57,600	\$62,400

D. Indirect Cost (20% of salaries and benefits)	\$24,280	\$0	\$24,280
Total Cost	\$164,446	\$58,300	\$222,746

3. Provide additional narrative detail breaking down operating expenses by categories such as travel, meetings, etc.; personnel costs by categories such as salaries, benefits, etc.; and capital outlay by categories such as equipment and supplies. Please include the number of staff anticipated to be fully or partially supported by these funds, and the percentage of each respective salary funded with these funds (e.g. “this grant would pay 25% of the salary of one full-time equivalent position”).

A. PERSONNEL:

Project Director will be responsible for the implementation of the Work Plan, presentation outlines and curriculums. Will also interview and make recommendation to Executive Director for hiring the Health Educators. Handle the selection of all health educational materials that will be used in program presentations. Will train staff, conduct regular staff meetings and review program progress. Will conduct trainings, outreach, and presentations, to clinical staff of FCC, organize community meetings and advocate for tobacco cessation services to be provided by clinicians and medical staff. This is a part-time time position and the salary is \$3,333 per month. The Project Director will spend 25% of his time on this contract, and will receive a 12-month salary of \$10,000.

Assistant Director will be responsible in assisting the Project Director in the implementation of the Work Plan, presentation outlines and curriculums. Will also assist in interviews and make recommendations to Executive Director for hiring the Health Educators. Assist in handling the selection of all health educational materials that will be used in program presentations. Will assist in training staff, conduct regular staff meetings and review program progress. Will assist in conducting trainings, outreach, and presentations, to clinical staff of FCC, organize community meetings and advocate for tobacco cessation services to be provided by clinicians and medical staff. This is a part-time time position and the salary is \$2,500 per month. The Assistant Director will spend 25% of his time on this contract, and will receive a 12-month salary of \$7,500.

Health Educator will assist the Program Coordinator with the preparation of the Work Plan, present outlines and curriculums. The Health Educator will also assist the Project Director in handling and implementing the selection of all health educational materials that will be used in program presentations as well as be responsible for day-to-day operations of the program and work towards meeting the goals and objectives of the project. The Health Educator will conduct trainings, outreach, and presentations, organize community meetings and advocate for tobacco cessation. This is a full time position and the monthly salary is \$3,000 per month for a 12-month salary of \$36,000 x (2) positions totaling \$72,000.

Employee Benefits: This includes medical and dental benefits as well as paid vacation, sick time, and 401(k) pension benefits. Employee benefits are 24% of full-time salaries.

B. Services and Supplies

Office Supplies: Usage of office supplies such as a copier paper, pens, pencils, note pads, and all other consumable supplies to assist in the preparation of action plans, outlines, curriculums, etc. Average amount per month equals \$33.33 for a 12-month sum of \$400.

Postage Mailing of meeting announcements and other information is estimated at \$350.

Phone Service The average cost for telephones (2 office phones and phone lines), facsimile (one dedicated e-mail line), and local and long distance calling equals approximately \$41.66 per month for a 12-month sum of \$500.

Educational Materials To purchase Smoking Cessation pamphlets from ETR for a total of \$780

Duplication Reproduction of meeting announcements, outreach materials, evaluation and survey forms is estimated to average \$25 per month for a 12-month sum of \$300.

Mileage: Mileage reimbursements for attending meetings, coordinating activities and conduct outreach activities are estimated at 125 miles per month for a 12-month sum of \$540.

Printing Costs to pay for printing costs to print brochures for marking for a total cost of \$500

Nicotine Gum/Lozenges to assist clients to wean from nicotine addiction through nicotine fading for a total cost of \$10,000.

Utilities To cover the cost of Electricity, water and gas estimated at \$50 per month for a 12 month annualized sum of \$600.

C. Facility Rental to occupy 200 square foot office space at \$1.00/sq.ft x 12 months x 2 full-time staff = \$4,800

D. Indirect Cost is 20% of total salaries and employee benefits for a 12-month sum of 24,280. Indirect costs include administrative overhead including bookkeeping/ accounting, personnel, payroll services and janitorial services.